



VETERINARY MEDICAL BOARD

VETERINARY PREMISES APPLICATION



Please check appropriate category	CATEGORY	FEE
<input type="checkbox"/>	Initial Registration/Relocation of Existing Facility	\$100.00
<input type="checkbox"/>	Change of Address for Mobile/Ambulatory/House call Practice	\$10.00
<input type="checkbox"/>	Change of Facility Name and/or Managing Licensee	\$10.00
<input type="checkbox"/>	Type of Business Change	No charge unless new permit requested.

Office use only:

Premises Permit #:	Issue/Cashier Date:	Receipt #:
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Date Facility to Open/Effective Date of Change

Date:

Facility Information

Name of Business:		
Telephone:	Fax:	
Physical Address:		
City:	State:	Zip Code:

Managing License Information

Name of Managing Licensee:	Social Security Number:	
California Veterinary License #:	Expiration Date:	
Residence Address:		Telephone #:
City:	State:	Zip Code:

Type of Practice Information (Please check all that apply)

<input type="checkbox"/> Small	<input type="checkbox"/> Vaccination Clinic	<input type="checkbox"/> Emergency
<input type="checkbox"/> Large	<input type="checkbox"/> Mixed	<input type="checkbox"/> House Call
<input type="checkbox"/> Mobile/Ambulatory → Must Include VIN#: _____		

Number of Employees

_____ CA Licensed	_____ Non-CA Licensed	_____ Clerical/
_____ Veterinarians	_____ Veterinarians	_____ Administrative
_____ Registered		
_____ Veterinary Tech.	_____ Assistants	_____ Other

Type of Business (Note: California Veterinarians are not permitted to operate a Limited Liability Company)

_____ Sole Owner _____ Partnership _____ Other

_____ Corporation → **INCLUDE A COPY OF THE ARTICLES OF INCORPORATION**

For Partnerships Only:

Please include the information below for all partners. Attach additional paper if necessary.

Name	% Interest	Title	Veterinary License #

For Corporations Only:

Include a copy of the Articles of Incorporation.

Corporation Name	Corporation Number	Date of Incorporation	FEIN	In State of:

Are you currently registered as a managing licensee of another premises? Yes _____ No _____

If yes, please list premises permit number(s): _____

Will that premises remain open? _____ Will you remain as managing licensee? _____

Disclosure Question

Since you last renewed your license, have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state? _____ Yes _____ No

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

Disclosure Information:

Disclosure of your United States social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure, per Section 4846 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.